

Attorney's Docket No.:109909-129552

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application for:

Mager et al.

Application No.: 09/975,524

Filed: October 10, 2001

Patent No.: 6,965,785

Issued: November 15, 2005

For: COOPERATIVE WIRELESS

LUMINESCENT IMAGERY

Examiner: William Trost

Art Group: 2683

Confirmation No.:9368

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 on this date: February 13, 2007

Typed or Printed: Yvette L. Chriscaden

Signature: \

Certificate

FEB **2 0** 2007

of Correction

Attn: Certificate of Corrections Branch Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

REQUEST FOR CERTIFICATE OF CORRECTION

Dear Sir:

Upon review of the above-referenced Letters Patent, Applicant noted errors that are the mistake of both the Applicant and the USPTO. Those errors are as follows:

Column 3

Line 61, "...cooperation with addition wireless..." should read --...cooperation with additional wireless...-.

Column 4

Line 2, "...camera an subdivide..." should read --...camera and subdivide...--

Column 6

Line 5, "...intensity or brightest..." should read --...intensity or brightness...--.

Column 18

Line 54, "... of claim 13..." should read --... of claim 29...--.

Enclosed is a Certificate of Correction (in duplicate) and it is respectfully requested that a Certificate of Correction be issued. This request for correction is made under the provisions of 37 CFR 1.323.

Enclosed is Check No. 14435 to cover the fee of \$100.00. The commissioner is hereby authorized to charge any fees associated with this paper or to credit any overpayments to Deposit Account No 500393. A Fee Transmittal is enclosed in duplicate for processing purposes.

Respectfully submitted, SCHWABE, WILLIAMSON & WYATT, P.C.

Dated: February 13, 2007

Al AuYeung Reg. No. 35,432

Pacwest Center, Suite 1900 1211 SW Fifth Avenue Portland, Oregon 97204 Telephone: 503-222-9981

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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UNITED STATES PATENT AND TRADEMARK OFFICE CERTIFICATE OF CORRECTION

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|--|---------------|-------------|------|
| PATENT NO. : 6,965,785 | g~ | •· <u> </u> | — |
| APPLICATION NO.: 09/975,524 | | | |
| ISSUE DATE : November 15, 2005 | | | |
| inventor(s) : Gary N. Mager, Paul R. Nash and Eric Engstrom | | | |
| It is certified that an error appears or errors appear in the above-identified patent and that s is hereby corrected as shown below: | said Letter | rs Pa | tent |
| Column 3 Line 61, "cooperation with addition wireless" should readcoopera with additional wireless | ition | | |
| Column 4 Line 2, "camera an subdivide" should readcamera and subdivide | | | |
| Column 6 Line 5, "intensity or brightest" should readintensity or brightness. | . | | |
| Column 18 Line 54, " of claim 13" should read of claim 29 | | | |
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MAILING ADDRESS OF SENDER (Please do not use customer number below):

Schwabe Williamson & Wyatt P.C.

1211 5th Avenue, Suite 1900

Portland, OR 97204

This collection of information is required by 37 CFR 1.322, 1.323, and 1.324. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.0 hour to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Attention Certificate of Corrections Branch, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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| Page | | of | |

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6,965,785

APPLICATION NO.: 09/975,524

ISSUE DATE

November 15, 2005

INVENTOR(S)

Gary N. Mager, Paul R. Nash and Eric Engstrom

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Approved for use through 01/31/2007, OMB 0651-0032

| Effective on 12/08/2004 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL FOR Y 2006 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 100.00 METHOD OF PAYMENT (check all that apply) X Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number: 500393 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Charge fee(s) indicated below, except for the filling fee Charge free(s) indicated below Charge fee(s) indicated below, except for the filling fee Shall Entity FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES FILING FEES Small Entity Litity 300 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | | | | | | | |
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| FEE TRANSMITTAL For FY 2006 Application Number Dig/9/5,524 | | | | | | | | |
| For FY 2006 Applicant claims small entity status. See 37 CFR 1.27 Examiner Name William Trost | | | | | | | | |
| Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 100.00 Attorney Docket No. 109909-129552 METHOD OF PAYMENT (check all that apply) X Check | | | | | | | | |
| Att Unit 2683 TOTAL AMOUNT OF PAYMENT (\$) 100.00 Attorney Docket No. 109909-129552 METHOD OF PAYMENT (check all that apply) Check | | | | | | | | |
| TOTAL AMOUNT OF PAYMENT (\$) 100.00 Attorney Docket No. 109909-129552 METHOD OF PAYMENT (check all that apply) Check | | | | | | | | |
| METHOD OF PAYMENT (check all that apply) X Check | | | | | | | | |
| X Check | | | | | | | | |
| Deposit Account Deposit Account Number: 500393 Deposit Account Name: Schwabe Williamson For the above identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below. Credit card information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Fee (\$) Fee | | | | | | | | |
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| Charge fee(s) indicated below | | | | | | | | |
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| Information and authorization on PTO-2038. | | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES Filing FEES Small Entity Fee (\$) | | | | | | | | |
| Application Type | | | | | | | | |
| Application Type Fee (\$) Fee (| | | | | | | | |
| Application Type | | | | | | | | |
| Design 200 100 100 50 130 65 | | | | | | | | |
| Plant 200 100 300 150 160 80 | | | | | | | | |
| Reissue 300 150 500 250 600 300 | | | | | | | | |
| Provisional 200 100 0 0 0 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) | | | | | | | | |
| 2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) | | | | | | | | |
| Fee DescriptionFee (\$)Fee (\$)Each claim over 20 (including Reissues)5025Each independent claim over 3 (including Reissues)200100Multiple dependent claims360180Total ClaimsExtra ClaimsFee (\$)Fee Paid (\$) 20 or HP = | | | | | | | | |
| Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) | | | | | | | | |
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| HP = highest number of total claims paid for, if greater than 20. | | | | | | | | |
| Indep. Claims | | | | | | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | | |
| 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer | | | | | | | | |
| listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 | | | | | | | | |
| sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) | | | | | | | | |
| 100 = /50 = (round up to a whole number) x = | | | | | | | | |
| 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$) | | | | | | | | |
| Other (e.g., late filing surcharge): Certificate of Correction \$100.00 | | | | | | | | |
| SUBMITTED BY A | | | | | | | | |

Signature

Registration No. 35,432

Telephone 206-622-1711

Name (Print/Type)

Al AuYeung

Date February 13, 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (07-06)
Approved for use through 01/31/2007. OMB 0651-0032
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| Effective on 12/08/2 | | • | Complete if Known | | | | |
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| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | Application Number 09/975,524 | | 4 | | | |
| FEE TRANSMITTAL | | Filing Date | October 1 | 0. 2001 | | | |
| For FY 2006 | | First Named Inventor | Mager et a | al | | | |
| Applicant claims small entity status | Applicant claims small entity status. See 37 CFR 1.27 | | William Tr | ost | | | |
| | | Art Unit | 2683 | | | | |
| TOTAL AMOUNT OF PAYMENT (\$) | 100.00 | Attorney Docket No. | 109909-12 | 29552 | | | |
| METHOD OF PAYMENT (check al | that apply) | | | | | | |
| X Check Credit Card | Money Order No | one Other (please ic | lentify): | | | | |
| X Deposit Account Deposit Accour | | Deposit Account N | | oe Williamson | | | |
| For the above-identified deposit | | | | | | | |
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| under 37 CFR 1.16 and 1 الشيط under 37 CFR 1.16 and 1 | ecome public. Credit card i | | | Provide credit card | | | |
| information and authorization on PTO-2038 | | | | | | | |
| FEE CALCULATION | | | | | | | |
| 1. BASIC FILING, SEARCH, AND FILING | | RCH FEES EXA | MINATION FEES | , | | | |
| | Small Entity | Small Entity | Small Entity | Fees Paid (\$) | | | |
| Utility 300 | Fee (\$) Fee (| | | recording (a) | | | |
| Design 200 | 100 100 | | | <u></u> | | | |
| Plant 200 | 100 300 | | | | | | |
| Reissue 300 | 150 500 | 150 | | | | | |
| Provisional 200 | 100 0 | | 0 0 | | | | |
| 2. EXCESS CLAIM FEES | | C | | Small Entity | | | |
| Fee Description Each claim over 20 (including R | (Paissuper) | | <u>Fee (\$)</u> 50 | <u>Fee (\$)</u> 25 | | | |
| Each independent claim over 3 (| | | 200 | 100 | | | |
| Multiple dependent claims | , | | 360 | 180 | | | |
| Total Claims Extra Clair | | ee Paid (\$) | | Dependent Claims | | | |
| - 20 or HP = HP = highest number of total claims paid for | x = | | <u>Fee (\$)</u> | Fee Paid (\$) | | | |
| Indep. Claims Extra Clair | | e Paid (\$) | | | | | |
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| Other (e.g., late filing surcharge): Certificate of Correction \$100.00 | | | | | | | |
| SUBMITTED BY A A | | | | | | | |
| Signature Aufr | | Registration No. 35,43 (Attorney/Agent) | 32 Teleph | one 206-622-1711 | | | |
| Name (Print/Type) Al AuYeung | | (Attorne y/Agent) | | ebruary 13, 2007 | | | |

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